



Waukesha County Dept. of Parks & Land Use – Land Resources Division
1320 Pewaukee Road, Room 260
Waukesha, WI 53188-3868

Phone: 262-896-8300

Fax: 262-896-8298

Small Site/Utility Installation Storm Water Permit Application Form

(Sites Less than One Acre of Total Land Disturbance and No Storm Water Plan)

Project Name: _____

Project Type (From Fee Schedule): _____

Project Location: _____ 1/4, Section _____ Township of _____

The following contacts are required at the time of application: (Note: One person may serve as more than one contact type listed)

- **Applicant**: The person or entity holding fee title to the property or their representative. The applicant shall sign the initial permit application form in accordance with the items 1-5 listed below, after which the applicant may provide written authorization for others to serve as the applicant's representative: **1)** In the case of a corporation, by a principal executive officer of at least the level of vice-president or by the officer's authorized representative having overall responsibility for the operation of the site for which a permit is sought; **2)** In the case of a limited liability company, by a member or manager; **3)** In the case of a partnership, by the general partner; **4)** In the case of a sole proprietorship, by the proprietor, or; **5)** For a unit of government, by a principal executive officer, ranking elected official or other duly authorized representative.
- **Planner**: The primary contact for the preparation of erosion control plans. All plan review comments will be addressed to this contact.
- **Grader/Landscaper**: The primary contact for implementing and maintaining all erosion control measures during the construction phase and responsible for final site stabilization.

Applicant Contact Information: (required to process application)

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ FAX: _____

E-mail Address: _____

If the box is checked below, I hereby authorize the contact(s) identified to serve as my representative(s).

I understand by submitting this application, County staff may enter upon the subject site to obtain information necessary to administer the ordinance.

Signature of Applicant: _____ Date: _____

Grader/Landscaper Information: (required to process application)	<input type="checkbox"/> Authorized as applicant representative
Name: _____ Company: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Daytime Phone #: _____ FAX: _____	
E-mail Address: _____	